PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY **PATENT APPLICATION TRANSMITTAL**

Please type a plus sign (+) inside this box —

Attorney Docket No. First Inventor Cyrus Peikari Self-optimizing the Diagnosis of

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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APPLICA	ATION ELEMENTS	Assistant Commissioner for Patente
See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Box Patent Application Washington, DC 20231
Fee Transmittal F	orm (e.g., PTO/SB/17)	7. CD-ROM or CD-R in duplicate, large table or
2. X Applicant claims See 37 CFR 1.27 Specification (preferred arrangeme) - Descriptive title - Cross Reference - Statement Regerates	[Total Pages 18] Int set forth below) In of the invention the to Related Applications parding Fed sponsored R & D In order to Related Applications parding Fed sponsored R & D In order to Related Applications program listing appendix	Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies
- Brief Summary	of the Invention	
- Detailed Descr - Clarm(s) - Abstract of the 4. X Drawing(s) (35 & 5. Oath or Declaration a. X Newly exect Copy from a (for continual in the continuation in the continuatio	Disclosure J.S.C. 113) [Total Sheets 5 [Total Pages 2 uted (onginal or copy) a prior application (37 CFR 1.63 (d)) tition/divisional with Box 18 completed, ION OF INVENTOR(S) atement attached deleting inventor(s) the prior application, see 37 CFR and 1.33(b). Sheet. See 37 CFR 1.76 CATION, check appropriate box, and set under 37 CFR 1.76: Divisional Continuation-in-part (continuation-in-part (continuation-in-part) Examiner CONAL APPS only: The entire disclosure	15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: Supply the requisite information below and in a preliminary amendment, Group Art Unit. Of the prior application, from which an eath or declaration is supplied under
Box 5b, is considered a part of	f the disclosure of the accompanying co	ntinuation or divisional application and is hereby incorporated by reference. dvertently omitted from the submitted application parts.
		NDENCE ADDRESS
Customer Number or Bar Co	ode Label [Insert Customer No: or Assa	or X Correspondence address below
Name	Cyrus Peikari	
Address	6242 Walnut Hill 1	ın
City	Dallas	State TX Zip Code 75230
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Name (Print/Type)	۲	Registration No. (Attorney/Agent)
Signature		Date 04/29/20p

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$)	395

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Complete if Known			
Application Number			
Filing Date			
First Named Inventor	Cyrus Peikari		
Examiner Name			
Group Art Unit			
Attorney Docket No			

METHOD OF PAYMENT	FEE CALCULATION (continued)		
1. The Commissioner is hereby authorized to charge indicated fees and credit any overnouments to:	B. ADDITIONAL FEES		
indicated fees and credit any overpayments to: Deposit	Large Small		
Account Number	Entity Entity Fee Fee Fee Fee Fee Descrip	ntion Fee Paid	
Deposit	Code (\$) Code (\$)	1001	
Account Name	105 130 205 65 Surcharge - late filing fee	or oath	
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17	127 50 227 25 Surcharge - late provision cover sheet	al filing fee or	
Applicant claims small entity status	139 130 139 130 Non-English specification		
See 37 CFR 1 27	147 2,520 147 2,520 For filing a request for ex	parte reexamination	
2. Payment Enclosed: Check Card Credit card Order Other	112 920* 112 920* Requesting publication of Examiner action	SIR prior to	
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of Examiner action	SIR after	
1. BASIC FILING FEE	115 110 215 55 Extension for reply within	first month	
Large Entity Small Entity	116 390 216 195 Extension for reply within	second month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within	third month	
404 740 004 055 11605 605-65-	118 1,390 218 695 Extension for reply within	fourth month	
101 710 201 355 Utility filling fee 355	128 1,890 228 945 Extension for reply within	fifth month	
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal	<u>, ,,</u>	
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of	an appeal	
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing		
255	138 1,510 138 1,510 Petition to institute a publi	c use proceeding	
SUBTOTAL (1) (\$) 355	140 110 240 55 Petition to revive - unavoid	lable	
2. EXTRA CLAIM FEES Fee from	141 1,240 241 620 Petition to revive - uninter	tional	
Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue	a)	
Total Claims 20 -20** = 0 × 9 = 0	143 440 243 220 Design issue fee	 	
Independent $4 - 3^{**} = 1 \times 40 = 40$	144 600 244 300 Plant issue fee		
Multiple Dependent	122 130 122 130 Petitions to the Commission	oner	
	123 50 123 50 Processing fee under 37 0	OFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126 180 Submission of Information	Disclosure Stmt	
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent as property (times number of		
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after f (37 CFR § 1.129(a))	nal rejection	
104 270 204 135 Multiple dependent claim, if not paid	149 710 249 355 For each additional inven	tion to be	
109 80 209 40 ** Reissue independent claims over original patent	examined (37 CFR § 1.1)	29(b))	
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Ex	amination (RCE)	
and over original patent	169 900 169 900 Request for expedited ex- of a design application	amination	
SUBTOTAL (2) (\$) 395	Other fee (specify)		
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTO	TAL (3) (\$) 395	

SUBMITTED BY Complete (if applicable)			applicable)	
Name (Pnnt/Type)	Cyrus Peikari	Registration No (Attomey/Agent)	Telephone	2143614138
Signature			Date	04/29/2001

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